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CONFIRMATION NO. 1938

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
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| 10/800,876 | 03/15/2004 | 705 | 3686 | 5714-001 | |
| APPLICANTS Sharen A. Godwin, Wilmington, NC; J. Tobin Geatz, Wilmington, NC; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/29/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /NATALIE PASS/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance np Initials | STATE OR COUNTRY NC | SHEETS DRAWINGS 3 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS WILLIAM J. MASON MACCORD MASON PLLC POST OFFICE BOX 1489 WRIGHTSVILLE BEACH, NC 28480 UNITED STATES | | | | | |
| TITLE Method of identifying clinical trial participants | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |